

Exhibit A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDCOUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052022272202

CERTIFICATE OF DEATH

3202219061163

STATE FILE NUMBER 3052022272202		LOCAL REGISTRATION NUMBER 3202219061163	
1. NAME OF DECEDENT - FIRST (Given) WILLIAM		2. MIDDLE -	
3. LAST (Family) SALGADO		4. DATE OF BIRTH mm/dd/yyyy 11/09/1991	
5. AGE Yrs 30		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 10/30/2022		8. HOUR (24 Hour) 1825	
9. BIRTH STATE/FOREIGN COUNTRY NICARAGUA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 11		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? If yes, see worksheet on back. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) NICARAGUAN		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CONSTRUCTION WORKER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION		19. YEARS IN OCCUPATION 6	
20. DECEDENT'S RESIDENCE (Street and number, or location) 6315 MALABAR STREET APT C			
21. CITY HUNTINGTON PARK		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90255		24. YEARS IN COUNTY 16	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP WILLIAM CASTILLO, FATHER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6315 MALABAR STREET APT C, HUNTINGTON PARK, CA 90255		28. NAME OF SURVIVING SPOUSE/SROP* - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST INOCENTE		32. MIDDLE -	
33. NAME OF MOTHER/PARENT - FIRST JUANA		34. BIRTH STATE NICARAGUA	
35. MIDDLE MARIA		36. BIRTH STATE NICARAGUA	
37. LAST (BIRTH NAME) MIRANDA JIMENEZ		38. BIRTH STATE NICARAGUA	
39. DISPOSITION DATE mm/dd/yyyy 11/30/2022		40. PLACE OF FINAL DISPOSITION RES OF JUANA M. MIRANDA JIMENEZ REPARTO 12 DE SEPTIEMBRE DEL COMEDOR GRANADINO 1 C. ARRIBA 75 VARAS AL NORTE, CHINANDEGA, NICARAGUA	
41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER KEITH D BROWN	
43. LICENSE NUMBER EMB9524		44. NAME OF FUNERAL ESTABLISHMENT FRIENDS	
45. LICENSE NUMBER FD2158		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
47. DATE mm/dd/yyyy 11/29/2022		101. PLACE OF DEATH ST. FRANCIS MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> SURG <input type="checkbox"/> DON <input type="checkbox"/> HOME		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3630 E IMPERIAL HWY	
106. CITY LYNWOOD		107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) A) MULTIPLE GUNSHOT WOUNDS Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST B) _____ C) _____ D) _____ E) _____	
108. DEATH REPORTED TO CORONER? Time Interval Between Death and Death RAPID 2022-11336 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. BODYS PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) THORACOTOMY 10/30/2022	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____ 115. SIGNATURE AND TITLE OF CERTIFIER 116. LICENSE NUMBER 117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined 120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 10/30/2022	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: COURTYARD		123. HOUR (24 Hour) 1740	
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) SHOT BY OTHER(S), LAW ENFORCEMENT RELATED		125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 6315 MALABAR ST, HUNTINGTON PARK, CA 90255	
126. SIGNATURE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE		127. DATE mm/dd/yyyy 11/28/2022	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.


 DEAN C. LOGAN
 Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

NOV 03 2023



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ANY ALTERATION OR ERASURE VIOLATES THIS CERTIFICATE